



City of Houston Pay or Play Program Self-Insured Contractor Request



Prime: _____ Subcontractor: _____ Vendor# _____

Contract # & Description: _____ Contracting Department: _____

We hereby submit our request for acceptance of our self-insured status to comply with City's POP program. Our self-insured plan is funded by _____ and adjudication of health claims and network administration is provided by _____.

We hereby certify, represent and affirm that our health benefits meet the Pay or Play Program's minimum requirements as set in E.O. 1-7. The following documents are being provided to support our self-insured status:

(Check the appropriate box. Note: first three items below are required)

- Representation Letter.** *(Explaining the contractor's health benefits program and certifying that information provided and enclosed is true and correct to the best of their knowledge and meets the minimum POP Ordinance requirements.) (The representation letter from the contractor/subcontractor should be on their official letterhead.)*
- Confirmation letter from the Insurance plan administrator** *(confirmation should include their brief introduction and relationship with the Contractor, existence and continuity of self-insured program, how long operating as administrator and certification of employees claims processing etc.) (The confirmation letter from the contractor/subcontractor should be on their official letterhead.)*
- Two copies of Pre-Printed Health Benefits Program -Employee Guide**
- Other(s) _____

If a confirmation letter is not able to be obtained, provide a copy of the executed contract agreement between the contractor/subcontractor and the healthcare provider.

Company Representative

Signature & Date

Notary Public

The State of _____, County of _____.

Before me, a Notary Public, on this day personally appeared _____, known to me (or proved to me on the oath of _____, to be the person whose name is subscribed to the forgoing instrument and acknowledged to me that he executed the same for the purpose and consideration therein expressed.

Given under my hand and seal of office, this _____ day _____ of 20_____.

Notary Public, State of Texas or _____ (Your State)

My commission expires, The _____ day _____ of 20_____.

City of Houston – Office of Business Opportunity Use Only

Action: Approved Disapproved Signature: _____

Print Name: _____ Date: _____

Important: Please note that If the above information is found to be incorrect or submitted fraudulently, the self-Insured status, if granted will be cancelled retroactively and will be null and void. In addition, the contractor will have to pay the amounts due towards POP as determined by Mayor's Office of Business Opportunity (OBO) Department of City of Houston.